



# STATE OF IOWA

TERRY BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

IOWA BOARD OF MEDICINE  
MARK BOWDEN, EXECUTIVE DIRECTOR

Dear Applicant:

The Iowa Board of Medicine is pleased you have chosen to apply for licensure in Iowa. Physician licensure applications contain two parts – the Uniform Application for Physician State Licensure (UA) and the Application Addendum. This application is used by individuals who are applying for a permanent, resident, special, or temporary license. This application is also used for reinstatement of a permanent Iowa medical license that has been inactive for over 12 months.

Please take your time to thoroughly read the instructions and provide accurate information on the application. This will greatly assist in the processing of your application for licensure.

## **Uniform Application for Physician State Licensure (UA) – Application Part 1**

The Iowa Board of Medicine uses an online application system called the “Uniform Application for Physician State Licensure” or “UA” as part of their licensure application. The UA benefits physicians by reducing redundancy in filling out multiple applications when applying for licensure in multiple states, thus increasing portability. Physicians will be able to apply to multiple states by filling out the UA once, then directing it to additional states. This will leave only the state-specific instructions and addendums of the application to be completed.

## **Application Addendum – Application Part 2**

The Application Addendum collects state specific information that is not gathered on the UA. The board’s Application Addendum is accessed through the board’s Online Services webpage. Go to [www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov) and select “Online Services.” If you are not a registered user, you will need to register prior to completing the Application Addendum. Once registered, go to “Licensing,” read the instructions, click on “Apply for License,” and select the license type you are going to apply for.

## **The Federation Credentials Verification Service (FCVS)**

The Board accepts **but does not require** the use of FCVS for credentials verification as part of the licensure process. FCVS verifies primary source documents related to your identity, medical education, postgraduate training, exam history, board action and disciplinary history, and certain certifications. During the verification process, FCVS creates a personalized profile that eliminates the re-verification of items that never change. The FCVS profile can be updated as needed throughout a physician’s career, resulting in a shortened credentialing process when applying to more than one state board.

If you are using FCVS for credentials verification, we recommend completing your initial (first) FCVS application or a subsequent request to update your FCVS profile before working on your UA. Your FCVS information can pre-populate about 70% of your UA, provided that the Board has been designated to receive your profile during the initial FCVS application or subsequent request. Any changes to data imported into the UA from FCVS must occur within FCVS.

To work on the FCVS application, please log in under FCVS from the Sign In menu at <http://www.fsmb.org/>. For assistance, use the messaging tool within FCVS or call 888-275-3287 with your five-digit or six-digit FCVS ID number.

***Please note that applications for resident, special, temporary licensure and reinstatement of an inactive license do not require verification of all the core credentials that are contained in the FCVS profile. It is up to the physician to determine if FCVS would be a valuable resource to them.***

## **Completing the Online Uniform Application for Iowa Licensure**

Please read the following information carefully before completing and submitting your application. You will be asked to provide your licensure and employment history, account for all time since medical school graduation, and provide any information on medical malpractice claims. We recommend having this information on hand before you begin working on your UA. Failure to submit all required information and documentation will result in processing delays. Carefully read and follow the online instructions at the top of each page and complete the UA as instructed.

If you are using FCVS, the Recommended Path to Licensure page should offer an option to pre-populate your UA with data from your FCVS profile. If option 2 is not there, your FCVS data is still being processed. Wait until the next business day, then go to the Navigation Options menu in the upper right corner and select "UA Main." Reselect the Board on the map page, then select option 2 and continue as instructed.

If you are using FCVS and need to update information in a pre-populated (grayed out) field, contact FCVS at 888-275-3287 or [fcvs@fsmb.org](mailto:fcvs@fsmb.org) to have them make the changes for you. The update will transfer into the UA when you next log in to the UA.

## **Applying for Expedited Endorsement**

If you are applying for a permanent medical license, you may qualify for expedited endorsement. Expedited endorsement is a process that allows physicians who meet certain criteria to submit fewer application items as part of the licensure process. To determine if you qualify for expedited endorsement, please refer to Expedited Endorsement Eligibility Form on page 7.

## **Application Process**

After the UA and Application Addendum are submitted, staff will review the application in the order that it is received. Staff will notify the physician by e-mail after the application has been reviewed to inform them of any items that are needed in order to complete the application. The applicant will work with the reviewer to provide the necessary information to complete the application. Once the application is complete it will receive a final review after which a license will be issued. In situations where the license cannot be issued administratively, the Licensure Committee of the Board will review the application to determine whether a license can be issued. The Licensure Committee of the Board meets every six to eight weeks.

## **Technical Assistance**

To work on the Uniform Application, please log in under Uniform Application from the Sign In menu at <http://www.fsmb.org/>. If you experience difficulties in using or accessing the Uniform Application, see the UA FAQ at <http://www.fsmb.org/licensure/uniform-application/faq>. If your question is not listed, contact UA customer service at 800-793-7939 or [ua@fsmb.org](mailto:ua@fsmb.org). Provide your username and FCVS ID number if applicable. If you receive an error, send a screenshot of the error or the description (**not** the error log number) to [ua@fsmb.org](mailto:ua@fsmb.org).

For questions about the content that needs to be entered on the UA, eligibility requirements, or the application process, please contact the Iowa Board of Medicine at 515-281-6641.

## **INSTRUCTIONS BY SECTION**

Use the following instructions for completing each section of the online uniform application for Iowa licensure. Processing will not begin until the completed application is submitted and the appropriate fee is received. Failure to submit all required information and documentation will result in processing delays.

### **Personal Information Pages**

- **Full Name**
  - Follow the instructions on the online application page.
  - Do not enter an initial for your middle name, unless an initial is your legal middle name.
  - You must indicate your maiden name, if applicable.
  - Please note that licenses are issued in the physician's full legal name.
- **Alternate Names**
  - Follow the instructions on the online application page.
- **Address/Phone**
  - Provide your current home and current practice/training address. Do not enter the same address for both home and work, unless you do not have a current work address.
  - The e-mail addresses provided must be for the physician and not office or credentialing staff.
- **Identification**
  - Applicants do not need to provide a copy of their birth certificate or passport as indicated in the instructions on this page, unless requested by the reviewer.
  - Applicants who have a U.S. Social Security Number must provide that information.  
***Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. Section 666(a)(13), Iowa Code Section 252J.8(1), 261.126(1)(2007), and 272D.8(1)(Supp.2008). The number will be used in connection with the collection of child support & student loan obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code Section 421.18.*

### **Education & Certification Pages**

- **Medical School**
  - Follow the instructions on the online application page.
  - Applicants do not need to provide an official transcript of their education as indicated in the instructions.
  - Resident License Applicants: If you are currently in medical school and have not graduated yet, the UA will not allow you to enter a future date for the end of your attendance. Enter the start date of your medical school and then enter the present/current date in the "To" field. In the "Date Degree Conferred/Issued" field you may enter your future graduation date.
- **Fifth Pathway**
  - Follow the instructions on the online application page.
  - If you did not go through a Fifth Pathway program, you may leave this page blank.
- **Postgraduate Training**
  - Follow the instructions on the online application page.
  - Resident License Applicants: Enter the residency program you will be entering in Iowa. In the "PGY" field, enter what year you will be entering in as *i.e.* PGY1, PGY2, etc. For the "Dates of Attendance" enter the date you plan on starting your program in the "From" field. Leave the "To" field blank. In the "Successfully Completed" field, mark "In Progress."
  - Applicants do not need to provide a copy of their program completion certificate as indicated in the instructions.
- **Examination History**
  - Follow the instructions on the online application page.
  - Resident License Applicants: You do not need to request a copy of your exam transcript for resident licensure.

- For those who have taken any component of the NBME in conjunction with another exam (USMLE/FLEX), you must request the transcripts from the NBME.
  - **USMLE/FLEX/SPEX** – Request your transcript at <http://www.fsmb.org/> by selecting “USMLE Transcripts” in the Sign In menu, then signing in as directed. For questions or assistance, email [usmle@fsmb.org](mailto:usmle@fsmb.org) or call 817-868-4041 weekdays between 8am and 5pm Central time.
  - **NBME** – Request documents at <https://apps.nbme.org/ciw2/prod/jsp/login.jsp>. For questions or assistance, email [scores@nbme.org](mailto:scores@nbme.org) or call 215.590.9700.
  - **NBOME/COMLEX-USA** – Request a certified copy of your official transcript to be sent directly to this office at <http://www.nbome.org/transcript-request.asp?m-can>. For questions or assistance, email [transcripts@nbome.org](mailto:transcripts@nbome.org) or call 773-714-0622.
  - **State Exam** – Contact the state licensing board in which you took the exam and have them send your scores directly to the Board. There may be a fee required. A directory of state boards is located at <http://www.fsmb.org/policy/contacts>.
  - **LMCC** – Request transcripts at <http://mcc.ca/documents/certified-transcript-examinations/>. For questions or assistance, email [service@mcc.ca](mailto:service@mcc.ca) or call 613.520.2240.
- **Educational Commission for Foreign Medical Graduates (ECFMG)**
  - Follow the instructions on the online application page.
  - If you do not have an ECFMG Certificate, you may leave this page blank.

### **Licensure & Employment History Pages**

- **State or Professional Licensure Section**
  - Follow the instructions on the online application page.
  - Enter all other professional licenses (nurse, EMT, physician assistant, etc.) you have held (active or inactive) in the U.S. or Canada. Request verification from these boards as well.
  - If you are applying for a special or temporary license and hold licenses in countries outside the U.S. or Canada please provide that information on this page. Enter the name of the country where you hold a license in the “Specify if Other” box.
  - Do not guess on the license number or original issue date of each license; verify the information with the licensing agency prior to completing the application.
  - You will be required to amend any incorrect information.
- **Chronology of Activities**
  - Follow the instructions on the online application page.
  - Applicants need to indicate the Type of Activity they selected in the Practice/Employment Name field followed by their practice/employment name or description of non-work activities.
  - *Resident License Applicants:* If you are still in medical school, enter the start date of your medical education and mark “In Progress.” Leave the “End Date” blank. For the “Type of Activity,” select PGT/Education. If you had a break in your education, please indicate the dates of that break and the reason your medical education was interrupted.

### **Malpractice Liability Claims Information**

- Follow the instructions on the online application page and provide complete information.
- If you have no malpractice claims, you may leave this page blank.
- Applicants must indicate in the “specifics” section whether the claim/suit involved the death of a patient, wrong sided surgery or loss of limb/major organ.
- Applicants must also provide a copy of the documents related to the suit/claim. If the status of a suit is 1) pending – submit a copy of court’s Complaint and a letter from your attorney indicating the status of the case 2) dismissed – submit a copy of the court’s Dismissal Order or 3) settled – submit a copy of court’s Complaint, Final Disposition, and Settlement/Release.

## FORMS & AFFIDAVIT SECTION INSTRUCTIONS

Print the forms listed in this section. These forms must be physically signed and/or notarized and sent to other state boards and institutions.

- **Affidavit and Authorization for Release of Information:** Please read this form carefully. Attach a recent (fewer than 90 days old) two inch by two inch (2" x 2") passport quality, *color* photograph of yourself in the space provided. This form must be notarized and submitted to the Iowa Board of Medicine.
- **Form #1: Licensure Verification Form:** Verification is needed from each board in all U.S. states/territories and/or Canadian provinces/territories under which you have held a full, temporary, training, or limited healthcare or profession license or certification, whether active or inactive. Most boards require a fee for this service, paid in advance. To determine verification fees and the verification method used by each board, visit <http://www.fsmb.org/licensure/uniform-application/> and refer to the Licensure Verification Information resource. UA Form #1 should be used for boards requiring written requests. **You may use VeriDoc (<https://www.veridoc.org/>) or a board's preferred electronic verification method instead of Form #1.**
  - **For applicants applying for a temporary or special license, you must also submit this form to verify any healthcare license or certification you hold or have ever held outside the U.S. or Canada.**

If you are using FCVS, you will not need to complete forms 2, 3 and 4. FCVS will obtain this information and forward it to the Board on your behalf.

- **Form #2: Medical School Verification:** Applicants applying for a **permanent or special license** must complete Section 1 and fill in your name at the top of page 2. Provide the form to your medical school(s) along with a copy of your diploma and request the Dean or designated official to complete Section 2. Arrange to have the completed form and a copy of your diploma with the institutional seal applied (to be sealed by your medical school) be sent directly to this Board. (Copy this form if you attended multiple medical schools).

Applicants to do not need to request a copy of their transcripts as indicated on the form.

**Note: Diplomas and transcripts in languages other than English must include an official and exact translation. Any processing fees are the applicant's responsibility.**

- **Form #3: Postgraduate Training Verification:** Applicants (except those seeking a temporary license) must complete Section 1 and fill in your name at the top of page 2, then submit to your training program(s) for completion. Request the Program Director or designated official to complete Section 2 of this form and mail this form directly to this Board. (Copy this form for multiple programs).
  - **Applicants applying for reinstatement of a permanent license only need to submit this form if they have participated in training since original licensure or were in a training program when the original license was issued.**
  - **Applicants applying for a special license must submit this form to verify all post-graduate training programs you have attended outside the U.S. or Canada.**
- **Form #4: Fifth Pathway Verification (if applicable):** Complete Section 1 and fill in your name at the top of page 2, then send to the director of your Fifth Pathway Program. Request that the Program Director or other designated official complete Section 2 of this form and return the completed form directly to this Board.

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### **Expedited Endorsement Eligibility Form**

Applicants who are applying for a permanent license may qualify for expedited endorsement if you answer “yes to all the questions on this form (page 7). Submit this form directly to the board with the Affidavit and Authorization for Release of Information.

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### **REVIEW & SUBMIT**

- Review all your entries before submitting. It is recommended that you print a copy for your records.
- Any formatting errors will be listed in a red-outlined box with a link to the page that needs to be corrected. Corrections will need to be made before submitting the UA.
- To submit your UA, read and accept the Terms and Conditions, then click on the “Continue” or the “Submit Application” button at the bottom of the screen. Once you submit your UA, no changes can be made to that particular application. You will need to open your UA for editing in order to resubmit the information. Each resubmission is recorded as a separate UA.
- First time UA applicants will be required to pay a one-time service charge of \$50. This is a separate fee from FCVS. To print a copy of your receipt, go the Navigation Options dropdown list in the upper right corner and select “Itemized Receipt.” The receipt on the next page can be printed or save as a PDF.
- To make changes to an already submitted application, click on the “Start New/Edit” in the yellow box at the top of the screen. If the box is not there, go to the Navigation Options drop down list in the upper right corner and select “UA Main.” Reselect the Board from the map, make changes as needed, and resubmit your UA.
- To check on the status of your UA, log in to the UA and click on “Check Submission Status” on the right side of the home page (available at the “UA Home” link centered above the gray navigation bar). You will be able to see the date your UA was submitted and the date your UA was retrieved by the Board.

For additional assistance with the UA, visit the UA FAQ at <http://www.fsmb.org/licensure/uniform-application/faq>. If your question is not listed, contact UA customer service at 800-793-7939 or [ua@fsmb.org](mailto:ua@fsmb.org). Provide your username and FCVS ID number if applicable. If you receive an error, send a screenshot of the error or the description (**not** the error log number) to [ua@fsmb.org](mailto:ua@fsmb.org).

### **COMPLETE APPLICATION ADDENDUM – APPLICATION PART 2**

To access the board’s Application Addendum, go to [www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov) and select “Online Services.” If you are not a registered user, you will need to register prior to completing the Application Addendum. Once registered, go to “Licensing,” read the instructions, click on “Apply for License,” and select the license type you are applying for. Continue as directed.

PLEASE NOTE: Applicants without a U.S. Social Security Number must submit the paper version of the Application Addendum – Application Part 2. This can be downloaded at <https://medicalboard.iowa.gov/services/forms.html>

### **CHECKLISTS**

At the end of these instructions are several checklists, one for each type of license. Please use the checklist that applies to you in order to ensure you submit all required items.



**IOWA BOARD OF MEDICINE**  
400 S.W. 8<sup>th</sup> Street, Suite C, Des Moines, IA 50309-4686  
(515) 281-6641 [www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov)

**Expedited Endorsement Eligibility Form**  
**Do You Qualify for Expedited Endorsement?**  
Please Read

If you are applying for a permanent medical license, you may qualify for expedited endorsement. Expedited endorsement is a process that allows physicians who meet certain criteria to submit fewer application items as part of the licensure process.

Answer the following questions to determine if you qualify. If you answer “yes” to all of them, you qualify for expedited endorsement. The items listed below are the items from the application checklist you will not need to submit.

	Yes	No
1. Do you hold at least one permanent/full U.S. state/jurisdiction or Canadian medical license? (Training, temporary, and limited licenses do not qualify.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a permanent/full license without any restrictions in every jurisdiction that you are licensed in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you practiced within the past five years? Practice must be continuous, active, and outside of a training program.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you free of any formal disciplinary actions, or active or pending investigations by a board, licensing authority, medical society, professional society, hospital, medical school, federal agency, or institution staff sanctions in any state, country, or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you hold current time limited specialty board certification by an ABMS or AOA specialty board? Lifetime certification does not qualify.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you meet minimum requirements for licensure?	<input type="checkbox"/>	<input type="checkbox"/>
• For U.S. or Canadian Graduates:		
- Hold a medical degree		
- Completed one-year of postgraduate training that is approved (ACGME, AOA, RSPSC, or CFPC accredited) by the board		
- Passed a licensing exam		
• For International Medical Graduates:		
- Hold a medical degree		
- Have a valid certification status with the ECFMG		
- Completed two years of postgraduate training that is approved (ACGME, AOA, RSPSC, or CFPC accredited) by the board		
- Passed a licensing exam		

If you answered “yes” to all of the above questions, you do not need to submit the following items from the application checklist that is contained in this application packet.

Medical Education Verification \* Transcript of Medical Education \* Copy of Diploma  
Post-Graduate Training Verification \* ECFMG Certification Status Report \* ECFMG Certificate

If board staff determines you do not qualify for expedited endorsement, you will be notified and requested to provide items needed for regular processing of the application. Board staff has the discretion to request information from the applicant that is required for regular processing, if needed, when reviewing expedited endorsement applicants.

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)



## PERMANENT LICENSURE APPLICATION CHECK LIST

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for permanent licensure. The check list indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and for those not using FCVS. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	<input type="checkbox"/>	<input type="checkbox"/>
Completed Application Addendum – Application Part 2 – through the Board’s online services website at <a href="http://www.medicalboard.iowa.gov">www.medicalboard.iowa.gov</a> .	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit and Authorization for Release of Information form sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
State Licensure Verification Form #1 sent to the Board from all states in which you have ever held any medical and/or other professional licenses.	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation of any legal name change sent to the Board.	<input type="checkbox"/>	Completed via FCVS
Copy of medical diploma sent to the Board.	<input type="checkbox"/>	Completed via FCVS
Translation of medical diploma sent to the Board, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
*Medical Education Verification Form #2 sent to the Board from all medical schools attended.	<input type="checkbox"/>	Completed via FCVS
*Postgraduate Training Verification Form #3 sent to the Board from all programs you attended <b>in</b> the U.S. or Canada.	<input type="checkbox"/>	Completed via FCVS
*Fifth Pathway Verification Form #4 (if applicable) sent to the Board from the medical school and institution. Include a copy of your diploma (must be sealed by your school).	<input type="checkbox"/>	Completed via FCVS
Examination Transcripts sent to the Board.	<input type="checkbox"/>	Completed via FCVS
*Copy of ECFMG Certificate (if applicable) sent to the Board.	<input type="checkbox"/>	Completed via FCVS
*ECFMG Status Report (if applicable) sent to the Board.	<input type="checkbox"/>	Completed via FCVS

### \*Expedited Endorsement

If you qualify for the expedited endorsement process you **do not** need to submit the items with an asterisk by them. Use the Expedited Endorsement Eligibility Form on page 7 to determine if you qualify.



## REINSTATEMENT OF PERMANENT LICENSE APPLICATION CHECK LIST

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for reinstatement of permanent licensure. The check list indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and for those not using FCVS. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	<input type="checkbox"/>	<input type="checkbox"/>
Completed Application Addendum – Application Part 2 – through the Board’s online services website at <a href="http://www.medicalboard.iowa.gov">www.medicalboard.iowa.gov</a> .	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit and Authorization for Release of Information form sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
State Licensure Verification Form #1 sent to the Board from all states in which you have ever held any medical and/or other professional licenses.	<input type="checkbox"/>	<input type="checkbox"/>
Copies of CME certificates/transcripts that show 80 hours of category 1 CME that has been completed within the past two years from the date of submitting this application.  Time spent in an approved post-graduate training program within the previous two years is equivalent to 50 hours of category 1 CME.  Board certification or re-certification by an ABMS or AOA board within the previous two years is also equivalent to 50 hours of category 1 CME.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of completing the Mandatory Training for Identifying and Reporting Child & Dependent Adult Abuse within the past five years. Physicians who live in Iowa and/or practice in Iowa in the following specialties are required to have this training: emergency medicine, family practice, general practice, internal medicine, psychiatry, obstetrics, gynecology, or pediatrics. This is required regardless of whether the physician provides patient care.	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation of any legal name change sent to the Board.	<input type="checkbox"/>	Completed via FCVS
Postgraduate Training Verification Form #3 sent to the Board from all programs you attended <u>in</u> the U.S. or Canada. Submit only if you have participated in training since original licensure.	<input type="checkbox"/>	Completed via FCVS
ECFMG Status Report (if applicable) sent to the Board.	<input type="checkbox"/>	Completed via FCVS

## RESIDENT LICENSE APPLICATION CHECK LIST

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for resident licensure. The check list indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and for those not using FCVS. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	<input type="checkbox"/>	<input type="checkbox"/>
Completed Application Addendum – Application Part 2 – through the Board’s online services website at <a href="http://www.medicalboard.iowa.gov">www.medicalboard.iowa.gov</a> .	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit and Authorization for Release of Information form sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
State Licensure Verification Form #1 sent to the Board from all states in which you have ever held any medical and/or other professional licenses.	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation of any legal name change sent to the Board.	<input type="checkbox"/>	Completed via FCVS
Copy of medical diploma or letter from medical school, dated on or after your graduation date, sent to the Board.	<input type="checkbox"/>	Completed via FCVS
Postgraduate Training Verification Form #3 sent to the Board from all programs you attended <u>in</u> the U.S. or Canada, if applicable.	<input type="checkbox"/>	Completed via FCVS
Copy of ECFMG Certificate (if applicable) sent to the Board.	<input type="checkbox"/>	Completed via FCVS
ECFMG Status Report (if applicable) sent to the Board.	<input type="checkbox"/>	Completed via FCVS

## SPECIAL LICENSE APPLICATION CHECK LIST

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for special licensure. The check list indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and for those not using FCVS. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	<input type="checkbox"/>	<input type="checkbox"/>
Completed Application Addendum – Application Part 2 – through the Board’s online services website at <a href="http://www.medicalboard.iowa.gov">www.medicalboard.iowa.gov</a> .	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit and Authorization for Release of Information form sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
State Licensure Verification Form #1 sent to the Board from all states in which you have ever held any medical and/or other professional licenses.	<input type="checkbox"/>	<input type="checkbox"/>
State Licensure Verification Form #1 sent to the Board from all countries in which you have ever held any medical and/or other professional licenses <u>outside</u> of the U.S. or Canada.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of any medical license you hold to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of all specialty board certificates (if applicable) to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
Fluency in English language demonstrated by having either a valid ECFMG certificate or a passing score on the TSE or TOEFL	<input type="checkbox"/>	<input type="checkbox"/>
Two (2) letters of recommendation from universities/educational institutions that indicate your noteworthy professional attainment	<input type="checkbox"/>	<input type="checkbox"/>
A letter from the Dean of the medical school to which you have been invited to serve on the academic staff	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation of any legal name change sent to the Board.	<input type="checkbox"/>	Completed via FCVS
Copy of medical diploma sent to the Board.	<input type="checkbox"/>	Completed via FCVS
Medical Education Verification Form #2 sent to the Board from all medical schools attended.	<input type="checkbox"/>	Completed via FCVS
Medical school transcripts sent to the Board by your medical school(s).	<input type="checkbox"/>	Completed via FCVS
Postgraduate Training Verification Form #3 sent to the Board from all programs you attended <u>in</u> the U.S. or Canada.	<input type="checkbox"/>	Completed via FCVS
Postgraduate Training Verification Form #3 sent to the Board to verify all postgraduate training programs you have attended <u>outside</u> of the U.S. or Canada.	<input type="checkbox"/>	<input type="checkbox"/>
Fifth Pathway Verification Form #4 (if applicable) sent to the Board from the medical school and institution. Include a copy of your diploma (must be sealed by your school).	<input type="checkbox"/>	Completed via FCVS
Examination Transcripts (if applicable) sent to the Board.	<input type="checkbox"/>	Completed via FCVS
Copy of ECFMG Certificate (if applicable) sent to the Board.	<input type="checkbox"/>	Completed via FCVS
ECFMG Status Report (if applicable) sent to the Board.	<input type="checkbox"/>	Completed via FCVS

## TEMPORARY LICENSE APPLICATION CHECK LIST

After completing the online Uniform Application for Iowa licensure, you are responsible for submitting certain documents as part of the application. Use this checklist to ensure that you are submitting the appropriate documents for temporary licensure. The check list indicates the requirements for those who are using the Federation Credentials Verification Service (FCVS) and for those not using FCVS. Follow the list that applies to you.

	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA) – Application Part 1.	<input type="checkbox"/>	<input type="checkbox"/>
Completed Application Addendum – Application Part 2 – through the Board’s online services website at <a href="http://www.medicalboard.iowa.gov">www.medicalboard.iowa.gov</a> .	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit and Authorization for Release of Information form sent to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
State Licensure Verification Form #1 sent to the Board from all countries in which you have ever held any medical and/or other professional licenses <u>outside</u> of the U.S. or Canada.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of any medical license you hold to the Board.	<input type="checkbox"/>	<input type="checkbox"/>
Request a letter from the organization/individual seeking your service that explains the need for your participation in the board-approved activity, the time period involved, scope of practice, the exact location/facilities of the activity, and who the immediate supervisor will be.	<input type="checkbox"/>	<input type="checkbox"/>
Fluency in English language demonstrated by having either a valid ECFMG certificate or a passing score on the TSE or TOEFL, if you are an international medical graduate who does not have a U.S. or Canadian medical license.	<input type="checkbox"/>	<input type="checkbox"/>
Statement Justifying Need for License sent to the Board	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation of any legal name change sent to the Board.	<input type="checkbox"/>	Completed via FCVS
Copy of medical diploma sent to the Board.	<input type="checkbox"/>	Completed via FCVS